PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313

				or F		Ginia 2233-1430		
IN ap me	STRUCTIONS: This for propriate. All further cor dicated unless corrected to aintenance fee notification	rm should be used for tran respondence including the below or directed otherwise 15.	smitting the ISSU Patent, advance of in Block 1, by (9	TE FIVE and Potential of the Potential o	DBLICATION FEE (if requalities of maintenance fees new correspondence address	uired). Blocks I through 5 will be mailed to the curren s; and/or (b) indicating a ser	should be completed where t correspondence address as parate "FEE ADDRESS" for	
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 27973 7590 04/19/2005 PE 9800 SAVAGE ROAD SUITE 6542 FORT MEADE, MD 20755-6542 APR 2 6 20				Fee(s) Transmittal. This certificate cumpot be used for any other accomponying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United Course Board of the Course Board of			
/26/2005	MBIZUNE2 0000008	\	•			RT D. MORE		
FC:1501		7 10063423	TRANE!	ART	700	Putal. Mirel 04-26-200	(Signature) (Dote)	
Г	APPLICATION NO.	FILING DATE	T	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
Ťï	10/063,423 TLE OF INVENTION: M	04/22/2002 IETHOD OF IMAGE BINA	RIZATION USIN	Thomas Huds G HISTOGRA	- A1 FF	72005 MBIZUNE2 00000 :1501 1400.00	2768	
Г	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400		\$0	\$1400	07/19/2005	
Г	EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
_	HUNG, YUBIN		2625		382-168000	•		
_	"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Change of 22) amached. tion (or "Fee Address" Indic or more recent) attached. Us	ation form e of a Customer	(1) the names of up to 3 registered patent automeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered automey or agent) and the names of up to 2 registered patent automeys or agents. If no name is 3 listed, no name will be printed.				
ı	PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIUS. 60 UEVLALA		elow, no essignee of this form is NO (E CESEUTE)	data will apped To substitute fo) RESIDENCI	m on the patent. If on assi or filing on assignment. :: (CITY and STATE OR C WASMINATED	DUNTRY) , D. C. U.S. P	· _ /	
_	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🖼 Government							
48.	The fellowing fec(s) are Issue Fee Publication Fee (No s Advance Order - # of	mall entity discount permits		4b. Payment of Fec(s): \[\int \Lambda \tau \text{ check in the amount of the fee(s) is enclosed.} \] \[\int \text{Payment by credit card, Form PTO-2038 is attached.} \] The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Depusit Account Number \[\text{Account Number} \] \[\text{Account Number} \]				
•	5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27.				nt is no longer claiming SM	ALL ENTITY status. See 37	CFR 1.27(g)(2).	
To NO int	e Director of the USPTO TE: The Issue Poe and Perest as shown by the reco	is requested to apply the las ublication Fee (if required) ords of the United States Pat	ue Fee and Publics will not be accepte ent and Trademark	tion Fee (if any d from anyone Office.) or to re-apply any previou other than the applicant; a re	aly paid issue fee to the appli gistered attorney or agent; or	cetion identified abovo. the assignee or other party in	
_	Authorized Signature Wobuft Morelli				Date	04-26-2005 mNo. 37398	<u></u>	
	Typed or printed name	KOBERT D	MOREL	<u></u>	Registration	m No. 37398		
Th #21 #21 #41	is collection of informatic application. Confidential position the completed ap	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C plication form to the USPI for requiring this burden s	11. The information 122 and 37 CFR O. Time will vary	on is required to 1.14. This colle depending upon a Chief Inform			nd by the USPTO to process) ling gathering, preparing, and time you require to complete parameter of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.